



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
LAND RECLAMATION COMMISSION  
**PERMIT TRANSFER**

P.O. BOX 176  
JEFFERSON CITY, MO 65102-0176

**PERMIT TRANSFER** (FOR TRANSFERRING PERMITTED ACRES FROM ONE OPERATOR TO ANOTHER)

NAME OF CURRENT PERMIT HOLDER		PERMIT NUMBER
SITE(S)		
ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER

**TO BE COMPLETED BY THE CURRENT PERMIT HOLDER**

List all reclamation bonds which are held on this permit:

BONDING COMPANY	BOND NUMBER	BOND DATE	AMOUNT

**TO BE COMPLETED BY PROPOSED SUCCESSOR**

NAME OF PROPOSED SUCCESSOR		
ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER

List any other Land Reclamation Commission Permits currently or previously held by successor or companies owned or partially controlled by successor.

NAME OF COMPANY	PERMIT NUMBER	MINERAL

**NOTE:** The successor company must provide proof of bond replacement and an affidavit of public notification requirements.

### TRANSFER OF RECLAMATION RESPONSIBILITY

In consideration of receiving the right to mine for \_\_\_\_\_, on the land covered by Missouri

(MINERAL)

Surface Mining Permit Number \_\_\_\_\_, which consists of \_\_\_\_\_ acres located in

Section(s) \_\_\_\_\_, Township(s) \_\_\_\_\_, Range(s) \_\_\_\_\_,

\_\_\_\_\_ County, Missouri, \_\_\_\_\_,

(PROPOSED SUCCESSOR)

a Missouri corporation, Missouri partnership, or individual, assumes all responsibility for reclaiming the land previously mined under the

aforesaid permit by \_\_\_\_\_.

(FORMER OPERATOR)

All reclamation of the above identified land shall be performed in accordance with the Missouri Land Reclamation Act, Sections 444.760 through 444.790, RSMo 2001.

Notwithstanding, the current permit holder agrees to continue to abide by the Missouri Land Reclamation Act and all rules, regulations, orders, decisions and permits of the Missouri Land Reclamation Commission pertaining to the above operation until such time as the transfer application is approved by the Missouri Land Reclamation Program.

The undersigned certify the information give above to be correct, complete and true, and agree to the above assumption of reclamation responsibility.

PROPOSED SUCCESSOR COMPANY		DATE
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SIGNATURE	NAME	TITLE
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CURRENT OPERATOR COMPANY		DATE
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SIGNATURE	NAME	TITLE
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Appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ to me personally known, who executed the above as their free acts and deeds.

NOTARY PUBLIC EMBOSSEER SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

FOR DEPARTMENT USE ONLY: APPROVED BY	TITLE	DATE APPROVED
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